

# Tisbury Rural Sanitary Authority.

## REPORT FOR THE YEAR 1909.

Acreage—43562.

Population 1901 census—7714.  
,, (estimated) 1909—7373.

*To the Chairman and Sanitary Board.*

GENTLEMEN,

I have the pleasure to submit my report upon the sanitary state, and an analysis of the mortality and sickness returns, of your District for 1909. The chief points, which a consideration of the latter shows, are:—

- 1.—A somewhat lower Death Rate.
- 2.—A lower Infantile Mortality than the average for the past 10 years.
- 3.—A slight increase in the average Birth Rate.

With the exception of the Infantile Death Rate, which is based upon the actual number of births occurring, it will probably be found at the next census that the figures upon which the Birth and Death Rates are calculated are somewhat erroneous. The population varies and no adequate means exist by which a true estimate of the real number of inhabitants at given intermediate periods can be made.

**Birth Rate.** This shows a fractional increase over that for last year, the number registered being 174 against 169 for 1908. The average for the past 10 years is 181. In reporting upon this point in 1906 I drew attention to the fact that the Birth Rate in the District had been steadily decreasing for the last 30 years. It may be well for facility of reference to reproduce the table then given and compare it with the rate for 1909 which is calculated upon a lessened population of 7373.

TEN YEARS ENDING	BIRTH RATE PER 1000 POPULATION.
1885	27.7
1895	25.1
1905	23.0
1909	23.5

The decrease is general and not specially referable to any particular part of the District. Allocating the births to their respective registration areas they are as follows.—

	TISBURY	DONHEAD	HINDON	
Males	40	34	19	
Females	37	25	19	
Total	77	59	38	G. Total 174.

Five illegitimate children were born.

### Infantile Mortality.

Eleven children died under the age of 12 months, giving an Infantile Mortality rate of 63 per 1000 births. This is lower than the average for rural parts of the County, and also than the average for this District. Reference to Table IV shows that six of the eleven children died during the first week of existence and from causes that could in no way be attributed to any want of care, one from a congenital defect at three months of age, another at the same period from debility, whilst the remaining three died from Bronchitis (2) and Enteritis (1). These figures do not call for any special comment. They represent an Infantile Death Rate which, under existing circumstances, can scarcely be expected to be much lower, and which is comparatively satisfactory. The extremely low rate for 1908 must be regarded as one of the happy accidents which do not occur with sufficient frequency.

**Death Rate.** During the year 100 deaths were registered, 97 in the District and 3 in Institutions beyond for which figures are available.

	TISBURY	DONHEAD	HINDON	
Males	25	18	11	54
Females	17	20	9	46
Total				100

This gives a mortality of 13.5 per 1000 population, and compares very favourably with the rate for previous years. As is usual most of the deaths occurred amongst the aged, over 50 per cent having reached 70 years and upwards. Heart Diseases again form a large proportion to the total number, 12 deaths being attributed to this cause. In my report for 1906 I ventured to offer some suggestions which occurred to me as possible factors in the relative frequency of heart lesions in this neighbourhood, and a somewhat more extended enquiry seems to lend support to the views then expressed. In calculating the Death Rate the District has been debited with all the deaths that were registered in it, and also with those belonging to it that occurred outside for which figures are available.



In his report for 1908 the County Medical Officer suggests: "That Medical Officers appear very willing to credit their districts with a low Death Rate by excluding the deaths of strangers and visitors, but they frequently neglect on the other hand to debit their districts with the deaths of residents who die outside in Public Institutions, such as Hospitals, Asylums, Workhouses, &c." I do not think that Medical Officers are anxious to misrepresent the true state of their mortality rates, they are simply unable to do more than give them as they appear from the available returns which include strangers dying in a district but not residents dying out of it. It is true that for the last two years returns have been sent from the County Office giving the names of persons dying in the County Asylum, and these have been of material help in the preparation of truer returns, but there is still needed some means which will facilitate the proper allocation of deaths to their respective districts when such occur outside them. This might be effected by a system of notification between registrars who would then be in a position to send in a list of these special cases upon a separate form. I am sure the County Medical Officer will not misunderstand me when I say that until some method of inter-notification between Registrars is adopted the mortality rates must of necessity still be calculated upon data which are more or less erroneous.

### **Zymotic Diseases.**

The incidence of infectious diseases has been very slight the total notifications numbering only 7, viz.—4 cases of Erysipelas occurring in three patients, one of Diphtheria in an elderly man (not, I believe, confirmed bacteriologically), one of Scarlet Fever and one of Typhoid Fever. This last case was undoubtedly imported, the patient coming into the District at the end of the year during the first week of illness. No instance of Epidemic Diarrhoea, Puerperal Septicæmia or Whooping Cough came under notice, and the Zymotic mortality is nil.

### **Scarlet Fever.**

The subject of the single instance of Scarlet Fever notified was a boy aged nine years who became ill on June 15th with sore throat and vomiting. The rash appeared on June 16th. He almost certainly was infected from milk obtained from a source mentioned later and formed one of a large number of other cases occurring outside the District which were in all probability due to the same supply. The milk was obtained from a depôt which had distributed milk derived from a particular farm and which subsequent investigation showed beyond all reasonable doubt was the cause of a widespread epidemic of Scarlet Fever in London and some neighbouring areas. This epidemic formed the subject of an extensive enquiry by Drs. Hamer and Jones on behalf of the London and Surrey County Councils which was followed by the publication of an extremely interesting and valuable report showing, I think conclusively, that the milk from the farm in question was the 'fons et origo mali,' and further, that its infectious quality was of bovine and not of human origin. The outbreak did not affect your District with the exception of the one case previously mentioned. but as the depôt from which the milk was sent is situate within it I propose to briefly mention the steps that were taken by your officers to assist so far as was possible in preventing further extension. The first intimation of the outbreak was a letter received from the County Medical Officer on June 19th, stating that many cases of Scarlet Fever in different parts of the London area had been notified, and that apparently the only common element was the milk supplied from a certain source in your District. He further requested me to make all possible enquiry into the matter. On the same day I visited this depôt and suggested to the manager that, pending further investigation, no more milk should be sent away. I found that a similar request had already been made, and agreed to by the Dairy Company owning the depot. I inspected all the employees and their families and was satisfied that no grounds existed for suspecting that any of them could be connected with the outbreak. I was informed, however, that a child living in the near neighbourhood was ill with, it was thought, measles, but upon investigation it was obvious that the case was undoubtedly one of Scarlet Fever. A consideration of the history of the illness showed that the boy could in no way be responsible for the outbreak as the date of his infection was subsequent to earlier cases in London, and he had consumed milk obtained from the implicated depot, at a time when some of it was infective. It may be then inferred that his infection and that of the London cases had a common origin. Being satisfied that the source of contamination must be looked for elsewhere than at the depot it became necessary to make enquiry at the 31 farms from which milk was received, and suspicion early rested upon one of them, which the more thorough reseaches of Drs. Jones and Hamer showed conclusively to be the infectious focus. A word is due as to the action of the Dairy Company in this matter. From the earliest moment those responsible for its management did all that was possible to assist enquiry, every facility toward this end was given, and every suggestion that tended to limit further spread was readily acquiesced in. Special commendation must also be given to the system adopted by this company whereby it is possible to trace the destination, approximately, of the milk from all the farms from which the depot in question derives its supplies. Owing to this record, showing that the suspected milk had been sent to those vendors in whose areas the outbreak occurred, the task of investigation was rendered easier and more certain. Before delivery was resumed the whole of the premises were limewashed, and every receptacle for milk was thoroughly disinfected.

### **Enteric Fever.**

Only one case has had its origin within your District for several years, the single instance of the disease notified in 1909 being one which was undoubtedly contracted outside. The patient came here to stay with friends, was indisposed on arrival, and the case developed into typical Enteric Fever.

### **Diphtheria.**

During the year one notification of this disease was received. Enquiry into its possible origin was negative. No recent incidence of sore throat in the neighbourhood was discoverable and the individual attacked had not been away from home for some time previous to his illness.



I am of opinion that no case should be notified as Diphtheria unless and until the diagnosis has been confirmed by cultural methods. Facilities are provided by the County free of charge and by various institutions.

## Phthisis.

Of the six deaths registered from this cause five alone occurred amongst residents. The sixth case came into the neighbourhood in an advanced stage and died shortly afterwards. The subjoined list shows the number of deaths from Pulmonary Tuberculosis during the last ten years.

Year	No. of cases	Year	No. of cases
1900	10	1905	5
1901	3	1906	6
1902	4	1907	5
1903	2	1908	5
1904	8	1909	5 (not including a non-resident)

If it be assumed that the average population in this period has been 7,500 the figures give a Phthisis death-rate of '66 per 1000 population, which is about the usual rate for Rural Districts in the County.

On January 1st, 1909, Tuberculosis Regulations came into force. These provide for the notification to Medical Officers of Health of Pulmonary Tuberculosis occurring amongst inmates of Poor Law institutions, or patients under the care of District Medical Officers. The notification of such cases is compulsory. In addition, the voluntary notification of cases other than the above is invited. During the year no notifications were received under the new Regulations, and only one under the voluntary system. In the former case it is probable that there are no instances of the disease amongst those in receipt of medical relief. In those which do not come within the Regulations it is possible that objection may be raised to notification by patients themselves, from a somewhat natural dislike, which can be readily appreciated, to their illness being known by other than their medical attendant and those immediately surrounding them. A proportion of these are under the actual and constant care of their medical advisers who are able to indicate to them the necessary steps to limit the risk of extending infection which neglect of precautions entails upon others. There still remains a number of cases, a knowledge of which would enable Sanitary Authorities to offer and provide some practical help and advice which would assist these patients to take advantage of the means which are available for their benefit.

## House Accommodation.

There is little to be added to or taken from the remarks which have been made in previous years under this heading. From time to time improvements are made to existing cottages. Substantial alterations have been effected by one landowner to some of the cottages on his estate, and these will be of material benefit to their occupants. The alterations include better lighting and ventilation, improved sanitary conveniences, and increased cubic space in some of the rooms. Altogether 1 new house has been built, 12 have been repaired, and in addition 18 have been cleansed and limewashed. No houses have been closed as unfit for habitation, though there are some in which the standard of comfort and sanitary convenience is very low and which should receive attention from their owners.

## Water Supply.

For the last 20 years the question of a suitable water supply for Tisbury has been the subject of much thought and discussion by those responsible for its provision, and a very great deal of time has been devoted to a matter which has been shown to be of real importance from standpoints both of convenience and necessity. Your Council, as a whole, and the committees appointed by it have considered the many schemes suggested, and all, with the exception of the one now to be the subject of enquiry, have been abandoned for various reasons. This last, details of which were submitted to the Local Government Board last August will, I understand, be considered by one of the Board's Inspectors at the earliest moment. In my report for 1907 I outlined the scheme, and so far as I can judge, it appears to be the most economical and feasible solution of the matter which has yet been brought forward. Hope has been so long deferred that the necessary sanction will come as a relief to all concerned.

The various supplies at Teffont, Semley and Berwick St John are satisfactory, both as regards quality and quantity.

## Drainage & Sewerage.

The recently installed subsoil irrigation system at Tisbury continues to give most satisfactory results. The site utilised for the purpose, although low lying and liable to become flooded, appears capable of dealing with the overflow and of producing a clear and odourless effluent. In spite of an unusually rainy season, during which several floods occurred, the sludge and settling tanks have not been interfered with in any way.

The Hindon system works well and is adequate for present needs, but, as I mentioned last year, some repairs to the sludge tank will soon be needed. As bearing upon the question of the efficacy of sewage purification by this method it might be mentioned that a sample of water from a well a short distance from the field used was recently analysed and found to be of excellent quality. I have no analysis of this water previous to the spray system being introduced but the result of this last examination, although made after heavy rain, shows that no impurities reach the well from this source.

Further progress has been made with regard to house drains. Fifteen have been laid or relaid, and 26 trapped and ventilated. In addition, 18 new earth closets have been provided.



## **River Pollution**

This is now very slight, and since the new drainage has been in operation it has been reduced to a minimum. The chief instance that I am aware of can be remedied and negotiations are now being carried on between your Council and the owners of the properties in question. It should not be difficult to arrive at an amicable arrangement satisfactory to all concerned.

## **Nuisances**

These were few and not of a serious character. Ten instances only came under notice and these were remedied. They included cases (2) in which animals were kept in an insanitary state, and of accumulations of offensive refuse (8).

## **By Laws relating to Lodging Houses and Offensive Trades.**

As there are no lodging houses in the District and no offensive trades are carried on the need for bye-laws does not arise.

## **Scavenging**

No alterations have been made in the existing methods for scavenging and the removal of house refuse. As mentioned in previous reports, this is done by householders who remove any refuse to the old quarry at Tuckingmill where it is burned, whilst manurial matter is taken to the gardens or allotments. I do not consider that at present there is necessity for suggesting any change.

## **Milk Supply**

The number of persons engaged in the milk trade and now on the register is 150. The dairies and cowsheds are visited by your Inspector and myself, and from the fact that it was not necessary to deal with any contraventions of the Bye-laws during the year it may be gathered that the general improvement in the conditions under which the industry is carried on is maintained, and perhaps increased. There seems to be a general tendency towards improving the strain of cattle in dairy herds by eliminating unhealthy animals and poor milkers. It must be long before the ideal standard is reached for many of its essential conditions are still wanting. Amongst them are sufficient and convenient water supplies, and properly paved yards. The whole question of the production of clean and wholesome milk is dependent upon many factors. The farmer needs on the one hand that he shall be provided with properly constructed and well drained sheds and yards, and with a good supply of water; and on the other that those employed by him appreciate the importance of both personal and general cleanliness. Provision must be made for the proper cleaning of the udders, the hands of milkers, and of all utensils used. Contamination of milk is easily effected but not so readily avoided, and in view of the fact that many cows are the subjects of Intestinal Tuberculosis, and at a stage when the condition does not give rise to obvious signs of illness in the animal, it will be readily seen how easily the milk may become infected with the Tubercle Bacillus. I have made some enquiries as to the frequency with which udders and teats are washed before milking and find a general impression prevalent that this practice produces "chapped teats." I am not satisfied that this preliminary washing is done sufficiently often to provide the experience necessary for forming so definite an opinion.

## **Schools**

There is little to be said adversely to the sanitary state of the Schools in your area. A good deal of attention has recently been given to the ventilation, drainage, and general conveniences with a marked improvement as a result. I believe that Berwick St. John, Teffont, and Semley Schools are the only ones which have properly arranged and convenient water supplies. Since my last report the work of Medical Inspection of school children has been taken over by whole time School Medical Officers appointed by the Local Education Authority. I am, therefore, not in a position to report specifically upon the arrangements now made.

No epidemic sickness has occurred and the general health of the children has been good. No necessity has arisen for closing any of the schools during the year.

## **Factories & Workshops**

There is no alteration in the number of Factories and Workshops upon the register. The 66 places are under periodical inspection, and during these visits some defects and contraventions were discovered. They were mostly of a minor character. Twelve notices were served in specific instances and the matters to which they related were all remedied. The Bakehouses are well appointed and managed. Outworkers are few in number, their work is done under proper conditions and in sanitary surroundings, and is connected entirely with the making of wearing apparel.

## **Conclusion**

It may, I think, be taken that your District is, from a sanitary standpoint, in a satisfactory condition.

Birth and Death Rates can be compared favourably with other rural areas, and notifiable infectious sickness was practically non-existent.

It will be noted that there is a diminution in the amount of clerical work and particularly in regard to the number of notices served. This must not be construed to mean a lessening in the amount of the work of sanitary administration, but rather to the fact that it is found in practice that as much or more can be done by personal requests than by formal demands.

I am, Gentlemen,

Yours obediently,

March 1st, 1910.

C. A. ENSOR.